

APPLICATION FOR RESIDENCY CERTIFICATION FOR SPECIAL GRADUATE OR PROFESSIONAL PROGRAMS

This application is your request to be certified by the Idaho WICHE Certifying Officer as an Idaho resident and therefore eligible for consideration to a special graduate or professional program offered by the State of Idaho. Certification approval does not ensure your admission to any university, college, or special graduate or professional program.

INSTRUCTIONS

Each of the following documents must be submitted to this office before your residency certification application will be considered:

1. A completed and signed copy of an Application for Residency Certification;
2. A recent transcript of college/university credits;
3. A letter from the registrar of the college or university last attended, or currently attending, verifying that you were registered as an Idaho resident during the past year; and
4. Two (2) signed copies of the Consent and Waiver form.

Please send the above requested information to:

***Idaho WICHE Certifying Officer
Office of the State Board of Education
PO Box 83720
Boise, ID 83720-0037***

Americans with Disabilities Act

In compliance with the Americans with Disabilities Act, the Board will provide this publication in alternative form upon request.

**APPLICATION FOR RESIDENCY CERTIFICATION
FOR
SPECIAL GRADUATE OR PROFESSIONAL PROGRAMS**

TO: *Idaho Certifying Officer*
Office of the State Board of Education
PO Box 83720
Boise, ID 83720-0037

FROM: _____
(First) (Middle) (Last) (Date)

(Present Address) Telephone Number

(City) (State) (Zip)

(Permanent Address) Telephone Number

(City) (State) (Zip)

Sex: F M Date of Birth: _____
Place of Birth: _____

Race or Ethnic Group (Optional): (For Statistical Purposes Only.) You are encouraged
to supply this information but may decline without in any way prejudicing your application. _____

Social Security Number: _____

Father's Name/ Address: _____

Mother's Name/ Address: _____

EDUCATION

List all high schools/colleges/universities previously attended:

<u>INSTITUTION</u>	<u>DATES</u>	<u>DIPLOMA/DEGREES</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

I am enrolled as a: ☐ Freshman ☐ Sophomore ☐ Junior
☐ Senior ☐ Graduate Student

 (College/University)

My overall grade point average (GPA) for all courses is: _____

Honors/awards/extracurricular activities:

I expect to complete all requirements in preparation for admission to the following program:

Optometry _____ Other _____ By _____
 (Month/Year)

Degree sought: (M.S./O.D.) _____

Participating universities/colleges/programs to which I intend to apply (in order of preference):

Please enclose an unofficial copy of your college transcripts and a list of all courses you are presently taking or expect to complete before admission to a special graduate or professional program.

WORK EXPERIENCE

(Please list for the past five calendar years)

<u>Employer</u>	<u>Position</u>	<u>City/State</u>	<u>Month</u>	<u>and Year</u>
			<u>From</u>	<u>To</u>

RESIDENCY VERIFICATION

I have lived in Idaho since (Month/Year): _____

My parents or guardian have been residents of _____ Since: _____

I am a dependent of/married to an Idaho resident.	Yes _____	No _____
I expect to return to Idaho to practice my profession following graduation if I share in the benefits of the program.	Yes _____	No _____
I filed a <u>resident</u> Idaho Income Tax return last year.	Yes _____	No _____
I will file a <u>resident</u> Idaho Income Tax return this year.	Yes _____	No _____
I filed a <u>nonresident</u> Idaho Income Tax return last year.	Yes _____	No _____
I will file a <u>nonresident</u> Idaho Income Tax return this year.	Yes _____	No _____
I am registered to vote in Idaho.	Yes _____	No _____
I have an Idaho driver's license.	Yes _____	No _____
My vehicle has an Idaho license plate.	Yes _____	No _____

***NOTE:** Students reapplying in any subsequent year must be re-certified as Idaho residents. For students accepted by a school/program and supported by the State of Idaho, residency certification is continuous and no further action is required. However, if, for any reason, you should choose to establish legal residency in another state while attending a school/program, you automatically forfeit Idaho support.*

These special graduate or professional programs for Idaho students are fully dependent upon necessary funding by the State of Idaho. If the Legislature should fail to appropriate necessary funds for a program, you may be forced to make alternate plans for your graduate or professional education.

I CERTIFY THAT I UNDERSTAND ALL PROVISIONS AS NOTED ABOVE AND THAT ALL STATEMENTS AND DATES HEREIN ARE TRUE TO THE BEST OF MY KNOWLEDGE.

(Applicant's Signature)

(Date)

(DO NOT WRITE BELOW THIS LINE)

CERTIFIED:

(Date)

NONCERTIFIED:

(Date)